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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061698 (4)
1. Corporation Name
TOMBOY CONSTRUCTION, INC.



Principal Place of Business: 1004 SOUTH 2ND STREET JACKSONVILLE BEACH FL
Mailing Address: 1004 SOUTH 2ND STREET JACKSONVILLE BEACH FL 32250-6510

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3258072	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BIVINS, SUSAN 329 NO. ROSCOE BLVD. PONTE VEDRA BEACH FL 32082	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS BIVINS, SUSAN M 329 NORTH ROSCOE BLVD. PONTE VEDRA BEACH FL	1.1 TITLE	P Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	V Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		2.2 NAME	William Baillie Forrester III
STREET ADDRESS		2.3 STREET ADDRESS	6471 River Point Drive
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Green Cove Springs FL 32043
TITLE		3.1 TITLE	TS Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		3.2 NAME	Diane Pappas Forrester
STREET ADDRESS		3.3 STREET ADDRESS	6471 River Point Drive
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Green Cove Springs FL 32043
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan M. Bivins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-27-97 Daytime Phone: 904-246-7711

CR2E034 (9/96)